

Council Communication

TO:

HONORABLE MAYOR AND COUNCILMEMBERS

FROM:

LISA MAXWELL, DEPUTY TOWN CLERK 503-6867

THROUGH:

CATHY TEMPLETON, TOWN CLERK

MEETING DATE:

AUGUST 1, 2013

SUBJECT:

LIQUOR LICENSE – GECKO GRILL

STRATEGIC INITIATIVE:

N/A

LEGAL REVIEW

FINANCIAL REVIEW

□ Complete

Complete

▼ N/A

☑ N/A

RECOMMENDED MOTION

A MOTION TO ISSUE AN ORDER TO RECOMMEND APPROVAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR GECKO GRILL LOCATED AT 4341 EAST BASELINE ROAD, #101.

OR

A MOTION TO ISSUE AN ORDER TO RECOMMEND DENIAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR GECKO GRILL LOCATED AT 4341 EAST BASELINE ROAD, #101 FOR THE FOLLOWING REASONS (SPECIFIC REASONS FOR DENIAL MUST BE INCLUDED).

<u>OR</u>

A MOTION TO MAKE <u>NO RECOMMENDATION</u> ON A SERIES 12 RESTAURANT LIQUOR LICENSE FOR GECKO GRILL LOCATED AT 4341 EAST BASELINE ROAD, #101. (A "NO RECOMMENDATION" MAY RESULT IN A HEARING; THE HEARING MAY BE CANCELLED IF THE BOARD OR AN AGGRIEVED PARTY DOES NOT REQUEST A HEARING).

BACKGROUND/DISCUSSION

Jose Moreno-Navarrete is requesting approval of a Series 12 Restaurant Liquor License for Gecko Grill located at 4341 East Baseline Road, #101. This is a new license.

A Series 12 Restaurant Liquor License allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food. Series 12 licenses are exempt from the 300 foot distance requirement from a church, a school building with any grades K-12 or a fenced recreational area adjacent to a school building.

Public notice was posted for the required 20-day period in accordance with the Arizona Department of Liquor License and Control posting requirement. No adverse information to justify a denial of this application was received from Planning and Zoning, Building and Code Compliance, Police Department, or from Maricopa County Environmental Services Department. There were no liquor related conditions in the zoning ordinance for this site.

Council's recommendation will be forwarded to the Arizona Department of Liquor License & Control. If Council recommends denial of an application, the minutes must reflect specific reasons, testimony, and other evidence that supports the motion to deny the license applications as required by A.R.S. 4-201.E further defined by Rule R19-1-102 (Attachment 1).

FINANCIAL IMPACT

The license fee is \$750 per year.

STAFF RECOMMENDATION

Staff feels such requests are solely Council's prerogative and offers no recommendation on this request.

Respectfully submitted,

Lisa Maxwell

Deputy Town Clerk

Attachments/Enclosures:

Attachment 1 - Arizona Department of Liquor Licenses & Control,

Rule R19-1-102

Attachment 2 – Liquor License Application

Attachment 1

R19-1-102. Granting a License for a Certain Location

Local governing authorities and the Department may consider the following criteria in determining whether public convenience requires, and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

- 1. Petitions and testimony from persons in favor or opposed to the issuance of a license who reside in, own or lease property in close proximity.
- 2. The number and series of licenses in close proximity.
- 3. Evidence that all necessary licenses and permits have been obtained from the state and all governing bodies.
- 4 The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
- 5. Residential and commercial population density in close proximity.
- 6. Evidence concerning the nature of the proposed business, its potential market and its likely customers.
- 7. Effect on vehicular traffic in close proximity.
- 8. The compatibility of the proposed business with other activity in close proximity.
- 9 The effect or impact of the proposed premises on businesses or the residential neighborhood whose activities might be affected by granting the license.
- 10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the board.
- 11. Comparison of hours of operation of the proposed premises to the existing businesses in close proximity.

Arizona Department of Liquor Licenses and Control

*Disabled individuals requiring special accommodation, please call (602) 542-9027.

1/7/2013

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor Phoenix, Arizona 85007

www.azliquor.gov 602-542-5141

See amended page

APPLICATION FOR LIQUOR LICENSI

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Clicensing requirements. SECTION 1 This application is for a: MORE THAN ONE LICENSE
the Liquor Licensing requirements SECTION 1 This application is for a: MORE THAN ONE LICENSE J.T.W.R.O.S. Complete Section 6 INTERIM PERMIT Complete Sections 2, 3, 4, 13, 14, 15, 16 J.T.W.R.O.S. Complete Section 6 PERSON TRANSFER (Bars & Liquor Stores ONLY) PARTINERSHIP Complete Section 6 Complete Sections 2, 3, 4, 11, 13, 15, 16 DATINERSHIP Complete Section 7 LOCATION TRANSFER (Bars and Liquor Stores ONLY) MINITED LIABILITY CO. Complete Section 7 Complete Sections 2, 3, 4, 12, 13, 15, 16 DC COMPLETE Section 8 GOVERNMENT Complete Section 8 PROBATE/WILL ASSIGNMENT/DIVORCE, DECREE GOVERNMENT Complete Section 10 GOVERNMENT Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) TRUST Complete Section 6 GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16 DOTHER (Explain) SECTION 3 Type of license and fees LICENSE #(s):
MORE THAN ONE LICENSE MITTERIM PERMIT Complete Section 5 J.T.W.R.O.S. Complete Section 6 MITTERIM PERMIT Complete Sections 2, 3, 4, 13, 14, 15, 16 MITTERIM PERMIT Complete Section 6 MITTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.
□ INTERIM PERMIT Complete Section 5 NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16 □ PERSON TRANSFER (Bars & Liquor Stores ONLY) □ LOCATION TRANSFER (Bars and Liquor Stores ONLY) □ LOCATION TRANSFER (Bars and Liquor Stores ONLY) □ Complete Sections 2, 3, 4, 11, 13, 15, 16 □ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE □ Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) □ GOVERNMENT Complete Section 10 □ GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16 □ TRUST Complete Section 6 □ GOVERNMENT Complete Section 10 □ TRUST Complete Section 6 □ OTHER (Explain) □ SECTION 3 Type of license and fees LICENSE #(s): □ 2. Total fees attached: APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks. SECTION 4 Applicant Mr. Movement of the property of the pr
NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16 INDIVIDUAL Complete Section 6 PERSON TRANSFER (Bars & Liquor Stores ONLY):
□ PERSON TRANSFER (Bars & Liquor Stores ONLY): □ Complete Sections 2, 3, 4, 11, 13, 15, 16 □ LOCATION TRANSFER (Bars and Liquor Stores ONLY): □ Complete Sections 2, 3, 4, 12, 13, 15, 16 □ □ CLUB Complete Section 8 □ GOVERNMENT Complete Section 10 □ Complete Sections 2, 3, 4, 9, 13, 16 (fee not required): □ TRUST Complete Section 6 □ OTHER (Explain): □ TRUST Complete Section 6 □ OTHER (Explain): □ SECTION 3 Type of license and fees LICENSE #(s): □ Type of license(s): □ LICENSE #(s): □ Departition Use Only 2. Total fees attached: □ APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks. SECTION 4 Applicant □ Over O Novey of Use Section 6 □ CORPORATION Complete Section 7 □ CLUB Complete Section 8 □ COMPLET Section 8 □ TRUST Complete Section 10 □ TRUST Complete S
□ LOCATION TRANSFER (Bars and Liquor Stores ONLY) Complete Sections 2, 3, 4, 12, 13, 15, 16 □ PROBATE/MILL ASSIGNMENT/DIVORCE DECREE □ GOVERNMENT Complete Section 10 Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) □ GOVERNMENT Complete Section 6 □ GOVERNMENT Complete Section 6 □ OTHER (Explain) SECTION 3 Type of license and fees LICENSE #(s): Properties of license an
Complete Sections 2, 3, 4, 12, 13, 15, 16 PROBATE/WILL ASSIGNMENT/DIVORCE DECREE Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) GOVERNMENT Complete Section 6 GOVERNMENT Complete Section 6 TRUST Complete Section 6 OTHER (Explain) SECTION 3 Type of license and fees LICENSE #(s): 2. Total fees attached: APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks. SECTION 4 Applicant 1. Owner/Agent's Name: Mr. 1. Owner/Agent's Name: Ms. Last Complete Section 8 GOVERNMENT Complete Section 10 GOVERNMENT Complete Section 10 TRUST Complete Sec
□ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE □ GOVERNMENT Complete Section 10 Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) □ TRUST Complete Section 6 □ TRUST Complete Section 10 □ TRUST Complete Section 6 □ TRUST Complete Section 10 □ TRUST Complete Section 6
GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16 SECTION 3 Type of license and fees LICENSE #(s): Type of license(s): 2. Total fees attached: APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks. SECTION 4 Applicant 1. Owner/Agent's Name: Mr. 1. Owner/Agent's Name: Ms. Last Corp /Partnership/LLC: Corp /Partnership/LL
SECTION 3 Type of license and fees LICENSE #(s): Department 120795.9 1 Type of License (s): Department Use Only 2. Total fees attached: \$ APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks. SECTION 4 Applicant 1. Owner/Agent's Name: Ms. Mr. Moven Novayet Jose (Insert one name ONLY to appear on license) Last First Middle Company (See See See See See See See See See Se
1 Type of Licrosci(s): 2. Total fees attached: \$ APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks. SECTION 4 Applicant 1. Owner/Agent's Name: Ms. Moven Navayet Jose (Insert one name ONLY to appear on license) Last First Middled 2. Corp /Partnership/L.L.C. GRCKO Grill Sentency 1865 LLC The fees attached: SECTION 4 Applicant Applicant Mr. Moven Navayet Jose First Middled Application of the firs
2. Total fees attached: APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks. SECTION 4 Applicant 1. Owner/Agent's Name: Ms. Ms. Moven Navavet Jose First Middled 2. Corp /Partnership/L.L.C. Gecko Grill Sufferentiations of the charged for all dishonored checks.
APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks. SECTION 4 Applicant 1. Owner/Agent's Name: Ms. Moven Navayet Jose Aight (Insert one name ONLY to appear on license) Last First Middled 2. Corp /Partnership/L.L.C. GECKO Grill Sentenpy 1865 LLC E.
The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks. SECTION 4 Applicant 1. Owner/Agent's Name: Ms. Moven 0 Navayet Jose (Insert one name ONLY to appear on license) 2. Corp /Partnership/L.L.C. GECKO Grill Sufference Set LLC.
SECTION 4 Applicant 1. Owner/Agent's Name: Ms. Moven Navavet Jose Angle (Insert one name ONLY to appear on license) 2. Corp /Partnership/LLC: GECKO Grill Sheep 1865 LLC
1. Owner/Agent's Name: Ms. Moveno Navavet Jose Angle (Insert one name ONLY to appear on license) 2. Corp /Partnership/ I. C. Gecko Grill Sherpy 18e5 LLC E.
1. Owner/Agent's Name: Ms. Moveno Navavet Jose Angle (Insert one name ONLY to appear on license) 2. Corp /Partnership/ I. C. Gecko Grill Sherpy 18e5 LLC E.
(Insert one name ONLY to appear on license) Last First Middley Corp /Partnership/ I. C. GECKO GYIII SWEVPYISES LLC
2 Com/Partnership/ I.C. Gecko Grill Enterprises LLC
2. Corp./Partnership/L.L.C.: (1804) (111) (1804) L.L.C.
(Exactly as it appears on Articles of Inc. of Articles of Urg.)
3. Business Name: 6 CKO 6 M (Exactly as it appears on the exterior of premises)
4214 C Baralina PIN Callant Mariana PEZEC
4. Principal Street Location 1941 E. BUSUINE IGM (11104) Markopa 15 County Zip County
5. Business Phone: 480 539 2988 Daytime Contact:
6. Is the business located within the incorporated limits of the above city or town? → TES □NO
7. Mailing Address
8. Price paid for license only bar, beer and wine, or liquor store: Type\$Type\$
DEPARTMENT USE ONLY
Fees: 100.00 44.50
1000. 170.00
Application Interim Permit Agent Change Club Finger Prints \$ TOTAL OF ALL FEES
Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? YES NO
Accepted by:Date:Lic.#

3/9/2012

SECTION 5 Interim Permit:

4-203.01.				
2. There MUST be a valid license of the s	same type you are ap	plying for currently issued to	the location.	
3. Enter the license number currently at the	he location		•	
4. Is the license currently in use? ☐ YES	□ NO If no, h	ow long has it been out of u	se?	
ATTACH THE LICENSE CURRENTLY IS	SSUED AT THE LOC	ATION TO THIS APPLICA	ГІОМ.	
(Print full name), declare	that I am the CURRI	ENT OWNER, AGENT, CLU	JB MEMBER, PARTNER	
MEMBER, STOCKHOLDER, OR LICE				
		State of	County of	-
X(Signature)		The foregoing instrumer	nt was acknowledged before	re me
My commission expires on:		day of	Month Year	
		Day	WOMI rear	
		(Signature o	f NOTARY PUBLIC)	1
				_
SECTION 6 Individual or Partnership	n Owners:			
EACH PERSON LISTED MUST SUBMIT A COMPLETED O		0101), AN "APPLICANT" TYPE FINGE	RPRINT CARD, AND \$22 PROCESS	Sing fe
FOR EACH CARD.	•	,		
1. Individual:				
	Middle % Owner	d Mailing Address	City State Zip	- 1 - 1 - 1 - 1 - 1
	Middle % Owner	d Mailing Address	City State Zip	
Last First Partnership Name: (Only the first partner li		cense)		
Last First Partnership Name: (Only the first partner li	isted will appear on lie	cense)		
Last First Partnership Name: (Only the first partner li General-Limited Last First M	isted will appear on lie	cense)		
Partnership Name: (Only the first partner li General-Limited Last First M	isted will appear on lie	cense)		
Last First Partnership Name: (Only the first partner li General-Limited Last First M	isted will appear on lie	cense)		
Partnership Name: (Only the first partner li General-Limited Last First M	isted will appear on lie	cense)Mailing Address	City State Zip	
Partnership Name: (Only the first partner li General-Limited Last First M	isted will appear on lidelight will appear on lidelight will appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on the seen appear of the seen appear on the seen appear of the seen appear on the seen appear of th	Mailing Address Mailing Address) Y ofits/losses of the business?	City State Zip R A S S E C E □ YES □ NO	N
Partnership Name: (Only the first partner li General-Limited Last First M Comparity of the comparity of th	isted will appear on lidelight will appear on lidelight will appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on lidelight will be seen a seen and the seen appear on the seen appear of the seen appear on the seen appear of the seen appear on the seen appear of th	Mailing Address Mailing Address) Y ofits/losses of the business? the person(s). Use addition	City State Zip R A S S E C E □ YES □ NO	
Partnership Name: (Only the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited	isted will appear on lice	Mailing Address Mailing Address) Y ofits/losses of the business? the person(s). Use addition	City State Zip R A S S E C E ☐ YES ☐ NO hal sheets if necessary.	
Partnership Name: (Only the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited Last First M Comparity of the first partner li General-Limited	isted will appear on lice	Mailing Address Mailing Address) Y ofits/losses of the business? the person(s). Use addition	City State Zip R A S S E C E ☐ YES ☐ NO hal sheets if necessary.	

FEE FOR EACH CARD. CORPORATION Complete questions 1 L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.				ard, and \$22 processing
1. Name of Corporation/L.L.C.: Gecko Gull	FINTES	D/I	ses ILC	
(Exactly as it appears on Artic	les of Incor	oorati	on or Articles of Organization)	
2. Date Incorporated/Organized: 01/9/12013 Sta	ate where	e Inc	orporated/Organized: <u>A</u>	7
3. AZ Corporation Commission File No.:			_ Date authorized to do busi	
4. AZ L.L.C. File No: L-1815124-3		Date	authorized to do business in	AZ: 120-2013
5. Is Corp./L.L.C. Non-profit? TYES THO				
6. List all directors, officers and members in Corporation/ Last First Middle	/L.L.C.: Title		Mailing Address	City State Zip
Moreno Novement Jose A and	member		30	were,
		-		
(ATTACH AD	DITIONAL	SHEE	I ET IF NECESSARY)	
7. List stockholders who are controlling persons or who clast First Middle	own 10% % Owned	or in	nore: Mailing Address	City State Zip
Margallarite loca are	100	^	-	<u> </u>
TO TO AMARIA SOL			JU CUITING COLTI IU	bear will be the
				بر خم
				Ē
(ATTACH AD	DITIONAL	SHEE	ET IF NECESSARY)	উ
If the corporation/L.L.C. is owned by another entity, a disclosure for the parent entity. Attach additional shadeless of the parent entity. Attach entity is a parent entity of the parent entity. Attach additional shadeless of the parent entity of the parent entity of the parent entity. Attach additional shadeless of the parent entity of the parent entity of the parent entity of the parent entity. Attach entity is a parent entity of the parent en	ettach a p	erce need	ntage of ownership chart, an ed in order to disclose person to the control of the	nal identities of all owners
Name of Club: (Exactly as it appears on Club Charter or Bylaw)			Date Chartere	d:a copy of Club Charter or Bylaws)
2. Is club non-profit? □ YES □ NO	,		, ,	,
3. List officer and directors:				
Last First Middle	Title		Mailing Address	City State Zip
	ŀ			
(ATTACH ADDITIONAL SHEET IF NECESSARY)	3			

<u>SECTION 7</u> Corporation/Limited Liability Co.:

Current Licensee's Name (Exactly as it appears on license)	s	Last	First	Middle	
2. Assignee's Name:			Einet	Middle	
3. License Type:					
4. ATTACH TO THIS APPLICA DECREE THAT SPECIFICA	TION A CERTIFIED C	OPY OF THE WILL, I HE LIQUOR LICENSI	PROBATE DISTRIBUTI	ON INSTRUMENT, OR DI ^N O THIS APPLICATION.	VORCE
SECTION 10 Governme	ent: (for cities, tow				
Governmental Entity:		 	· · · · · · · · · · · · · · · · · · ·		
2. Person/designee:	Last	First	Middle	Contact Phone I	Number
A SEPARATE LICENSI	E MUST BE OBTAIN	ED FOR EACH PR		H SPIRITUOUS LIQUOR	
SECTION 11 Person to	Person Transfer:	المست سننده جبيدي ره			ه استقدی کاستی د
Questions to be completed	by CURRENT LICE	NSEE (Bars and L	iquor Stores ONLY-	Series 06,07, and 09).	
Current Licensee's Name: (Exactly as it appears on license)	Last	First	Middle	Entity:(Indi	v., Agent, etc.)
2. Corporation/L.L.C. Name:					
, .	(Exactly as it appear				
3. Current Business Name:	(Exactly as it appe				
4. Physical Street Location o		·			
. Physical Sueet Location C					
5. License Type:	•				
6. If more than one license to	o be transfered: Lice	ense Type:	Licens	se Number:	
7. Current Mailing Address:	Street_				-
(Other than business)	_				<u> </u>
					
8. Have all creditors, lien hol		•			
Does the applicant intend 5 of this application, attach	to operate the busing the fee, and current	ness while this app license to this appl	lication is pending? [lication.]YES ☐ NO If yes, co	omplete Section
10. I,(print full name)		, hereby au	uthorize the departme	ent to process this applic	ation to transf
privilege of the license to	ne applicant now ov	ms or will own the I	property rights of the l	license by the date of is:	sue.
l.		declare that	I am the CURRENT	OWNER, AGENT, MEN	MBER, PARTI
(print full name) STOCKHOLDER, or LICE true, correct, and comple	NSEE of the stated	llicense. I have rea	ad the above Section	11 and confirm that all s	tatements are
and complete			State of	County of	•
(Signature of C	CURRENT LICENSEE)		The foregoing in	nstrument was acknowle	dged before m
			Day	Month	Year
My commission expires on:_					
		4	(Signa	iture of NOTARY PUBLIC)	

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY) APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE
1. Current Business: Name
(Exactly as it appears on license) Address
2. New Business: Name
(i hysical direct Location)
3. License Type:License Number:
4. If more than one license to be transferred: License Type: License Number:
5. What date do you plan to move? What date do you plan to open?
SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):
A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the vithin three hundred (300) horizontal feet of a public or private school building with kindergarten progrades one (1) through (12) or within three hundred (300) horizonal feet of a fenced recreational area adjacent to such school building. The above paragraph (300) NOT apply to:
a) Restaurant license (§ 4-205.02) b) Hotel/motel license (§ 4-205.01) c) Government license (§ 4-205.03) d) Fenced playing area of a golf course (§ 4-207 (B)(5))
Distance to nearest school:ft. Name of school Address City, State, Zip
2. Distance to nearest church:ft. Name of church
Address
City, State, Zip 3. I am the: Sublessee Owner Purchaser (of premises)
4. If the premises is leased give lessors: Name Address Now South Mesa Av 8504 Z City, State, Zip 4a. Monthly rental/lease rate \$ 415\$ What is the remaining length of the lease Qyrs. 10 mos. 4b. What is the penalty if the lease is not fulfilled? \$ 5 which or other give details - attach additional sheet if necessary.
4b. What is the penalty if the lease is not fulfilled? \$5ub Lase of or other
5. What is the total <u>business</u> indebtedness for this license/location excluding the lease? \$ \(\bullet 5 \) 000 \(\bullet 6 \)
المادي Last First Middle Amount Owed Mailing Address City State Zip نتا
Moreno's Mexican Gill 195,000. W 760 E. Bradway Rd Mesa A 85204

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? dintin; takent of mexican frod

SECTION 13 - CONTINUED 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? If yes, attach explanation. 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES 🖫 NO 9. Is the premises currently licensed with a liquor license? TYES TYBO If yes, give license number and licensee's nar (exactly as it appears on license) Name License # SECTION 14 Restaurant or hotel/motel license applicants: 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO If yes, give the name of licensee, Agent or a company name: and license #: Middle Last First 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; cons A.R.S. § 4-203.01; and complete SECTION 5 of this application. 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control. 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross rever from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the license premises. By applying for this 日 hotel/motel 園 restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application. As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio bal are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be proper installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and clickion the "Information" tab. SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form) 1. Check ALL boxes that apply to your business: Liquor storage areas Patio Contiguous Entrances/Exits ☐ Service windows ☐ Drive-in windows ☐ Non Contiguous 2. Is your licensed premises currently closed due to construction, renovation, or redesign?

If yes, what is your estimated opening date? month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas inclu the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

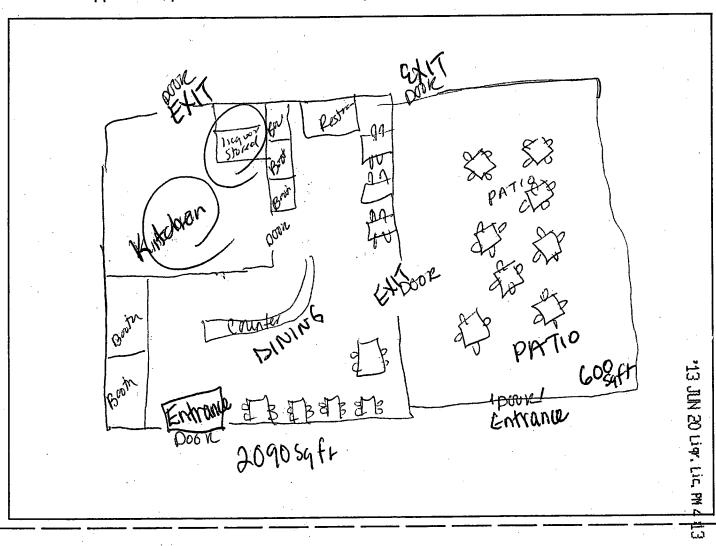
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed prem such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licens and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or serv windows,or increase or decrease to the square footage after submitting this initial drawing.

icants initials

4. In this diagram please show only the area where spirituous liquor is to be sold, served, considered, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stock hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do rinclude parking lots, living quarters, etc. When completing diagram, North is up ←.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, JOSE A MORENO, hereby declare that I am the OWNER/AGENT filing this (print full name of applicant)

application as stated in Section 4, Question 1. I have read this application and verify all statements to true, correct and complete.

X Jan almost Morette (signature of applicant listed in Section 4, Question 1)

MARIA L. BEC ERRA

Notary Public - State of Arizona

MARICOPA COUNTY

My Comm. Expires June 24, 2015

My commission expires on : 24 June 2015

Day Month Year

The foregoing instrument was acknowledged before me this

22 NO of March, 2013

Day Month Year